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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: True Dakotan		2. DATE: 9/20/19
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $: 42.00 in state 52.00 out
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): PO Box 358 Wessington Springs, SD 57382		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): same		
6. FULL NAME OF PUBLISHER: Kristi Hine		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME	COMPLETE MAILING ADDRESS	
Kristi Publishing Kristi Hine	PO Box 358 Wessington Spring, SD 57382	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. NESDEC, Area wide Business Council, American Bank & Trust		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1650	1650
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	360	360
2. Mail Subscription (Paid and or requested)	763	726
3. Paid Electronic Copies	43	43
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1166	1129
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	14	10
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	2	2
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1182	1141
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	468	509
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1650	1650

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Kristi Hine (Signature)

Publisher/Editor (Title)

State of South Dakota)
§
County of Jerauld)

Sworn to before me this 20 day of September 2019

Delia Atkinson
Notary Public

My commission expires: August 10, 2021

(Seal)

SEAL
DELIA ATKINSON
Notary Public
SOUTH DAKOTA

Form: SOS REC 051 9/2016